

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>13 June 05</u>		2 Serial/Patent # <u>10/518827</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing	<input checked="" type="checkbox"/>	12/21/04							
<input type="checkbox"/>	Amendment									
<input type="checkbox"/>	Extension of Time									
<input type="checkbox"/>	Notice of Appeal/Appeal									
<input type="checkbox"/>	Petition									
<input type="checkbox"/>	Issue									
<input type="checkbox"/>	Cert of Correction/Terminal Disc.									
<input type="checkbox"/>	Maintenance									
<input type="checkbox"/>	Assignment									
<input type="checkbox"/>	Other									
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>4</td><td>--</td><td>1</td><td>2</td><td>7</td><td>0</td></tr> </table>		1	4	--	1	2	7	0
1	4	--	1	2	7	0				
10. REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>								
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>								
OFFICE: <u>PCT</u>										
*****										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*